

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 6-19-01.
- b. The request was received on 6-6-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 7-12-02. The Carrier submitted its response dated 7-18-02. No additional documentation from the Requestor was noted in the dispute packet. All information will be reviewed.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-27-01, (located in the Respondent's 3 day response packet):
"We were not reimbursed for the Sacroiliac claim for reconsideration and additional payment. The MRI performed was an extended procedure modified with -22 and is a separate area from the hip. Per TWCC Fee Guidelines these are to be reimbursed at \$924.00. I have included copies of the EOB, bill, report and TWCC Fee Guidelines for your review."

2. Respondent: Letter dated 7-17-02:
 “I have received a copy of your MR-100 regarding the above-captioned medical dispute. Please be advised that (Carrier) has not received a TWCC-60 medical dispute from the Requestor...At this time, I am unable to respond to the MR-100 as I do not have the information to properly respond.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 6-19-01.
- The Carrier has denied the disputed service as reflected on the EOB as, “G – This procedure is included in another procedure performed on the same date of service.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-19-01	76499-22-WP	\$995.00	\$-0-	G	DOP	TWCC Rule 133.304 (c); CPT Descriptor; Radiology/Nuclear Medicine Ground Rules; CPT Descriptor	<p>The Carrier has denied the disputed service as “G – This Procedure is included in another procedure performed on the same date of service.”</p> <p>The carrier has not expounded on their denial. TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” The Carrier has not provided sufficient explanation of what code CPT Code 96499 is global to as required by Rule 133.304. Therefore, reimbursement is recommended in the amount of \$995.00.</p>
Totals		\$995.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$995.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$995.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11 day of November 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll